

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852800 (2)

1. Corporation Name

KAZMAIER ASSOCIATES, INC.



Principal Place of Business

676 ELM ST
CONCORD MA 01742

Mailing Address

676 ELM ST
CONCORD MA 01742

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/06/1982

3a. Date of Last Report

04/25/1995

4. FEI Number

04-2604321

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and state office name

DATE: Registered Agent signature required when renewing

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME KAZMAIER, RICHARD W., JR.
STREET ADDRESS HARBOUR HOUSE 42 BARRACUDA LANE
CITY-ST-ZIP KEY LARGO FL

TITLE T ☐ DELETE
NAME HUGGINS, CHARLES E. JR.
STREET ADDRESS HARBOUR HOUSE 42 BARRACUDA LANE
CITY-ST-ZIP CONCORD MA

TITLE D ☐ DELETE
NAME KAZMAIER, PATRICIA H.
STREET ADDRESS HH 42, O. R. C. BOX 29
CITY-ST-ZIP KEY LARGO FL

TITLE DV ☒ DELETE
NAME HOWLAND, GEORGE H.
STREET ADDRESS 57 WHITTIER RD.
CITY-ST-ZIP WELLESLEY MA

TITLE VS ☐ DELETE
NAME RUXIN, ROBERT H.
STREET ADDRESS 8 LARCHMONT LN
CITY-ST-ZIP LEXINGTON MA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS 100 ANCHOR DRIVE #29
4. CITY-ST-ZIP

2. TITLE T/V ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 54 HAWTHORNE LANE
2.4 CITY-ST-ZIP

3. TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 100 ANCHOR DRIVE #29
3.4 CITY-ST-ZIP

4. TITLE V/O ☐ Change ☒ Addition
4.2 NAME RICHARD F. ARMKNECT
4.3 STREET ADDRESS 51 PLAINFIELD RD.
4.4 CITY-ST-ZIP CONCORD, MA

5. TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE V ☐ Change ☒ Addition
6.2 NAME COSTAS L. ROOFS
6.3 STREET ADDRESS 125 BROOK ST.
6.4 CITY-ST-ZIP WELLESLEY, MA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

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CR2E034 (12/95)